

Registration Form (Copies Accepted)

Receipt # _____


Init.

Responsible Adult _____ Phone (Day) _____ (Evening) _____

Address _____ City _____ Zip _____

VISA/MC Payment: ____ VISA ____ MasterCard Card # _____

Name as it appears on card: _____ Expires Mo./Yr. ____/____

Participant Name	Birthdate (Under 18)	Activity #	Activity Name	Dates	Fee
				"Operation Clyde" Recreation Activity Assistance Fund (Optional)	\$ 1.00

"Operation Clyde" - \$1.00 contribution. Your contribution on the registration form helps Elk Grove individuals who can not afford to participate in recreation activities. Bring our community together by the simple act of donating a dollar.

Total Fee:

Hold Harmless Agreement

The Elk Grove Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and injury will be the participant's responsibility. Under California Law, an individual, or parent or guardian if actual participant is under 18, is responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity such as designated in this notice. I have read and understand this notice.

No confirmation will be sent.

Receipts are available in our office:
8820 Elk Grove Blvd., #3

Signature of Participant (Parent if under age 18)

Date